

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-2

66852

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: Caroline
 County Greensboro
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 yrs.
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town (If outside city or town limits, write RURAL and give nearest town)
 Street No. World War II (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME Joseph Hemsley Bernard
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 7. Birth date of deceased (mo., day, yr.) Aug. 30 1907 8. (c) If alive, give age years
 8. AGE: 38 Years 10 Months 4 Days If less than one day hrs. min.
 9. Birthplace Greensboro Caroline Md. (Town, county, and state)
 10. Usual occupation Salesman
 11. Industry or business
 MOTHER FATHER
 12. Name Oscar Bernard
 13. Birthplace Maryland
 MOTHER
 14. Maiden name E. Liza Sharp
 15. Birthplace Harrington Del.
 16. Informant Mrs. Agnes Noble
 Address Greensboro
 17. Burial Burial Date thereof 7/7/46 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Md.
 18. Funeral director Raymond B. Rawlings
 Address Greensboro, Md.
 19. (Date recd by registrar) July 6 1946 L. McLoggan Registrar
 (Date recd by registrar)

3. (b) Social Security Number 217-03-5997

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 4 1946 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1943 to July 4 1946 and that I last saw him alive on July 4 1946.

Immediate cause of death Multiple Diseases DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

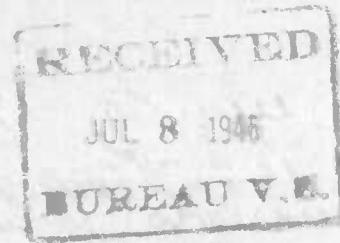
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank J. O'Connor M. D. or Surgeon Date signed July 6 1946

Address Greensboro, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 16

06853

6B

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CarolineCity or town Bethlehem

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Sower Road

How long in hospital or institution?

3. (a) FULL NAME

James R. Christopher

4. SEX

5. Color or race

6.(a) Single, married, widowed, or divorced

MaleWhiteMarried

8.(b) Name of husband or wife

Velma Christopher

7. Birth date of deceased (mo., day, yr.)

July 22, 1883

6.(c) If alive, give age

57

years

8. AGE:

Years

Months

Days

If less than one day

621119

hrs.

min.

9. Birthplace

Talbot County, Maryland

(Town, county, and state)

10. Usual occupation

Postmaster

11. Industry or business

U. S. Post Office

MOTHER FATHER

12. Name

Isaiah Christopher

MOTHER FATHER

13. Birthplace

Caroline County, Maryland

MOTHER FATHER

14. Maiden name

Melissa Wiloughby

MOTHER FATHER

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. Velma Christopher

Address

Bethlehem, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 13, 1946
(month) (day) (year)

Cemetery or crematory

Linchester Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland19. July 12 1946
(Date record by registrar)C. D. Plummer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Bethlehem

(If outside city or town limits, write RURAL and give nearest town)

Street No. Sower Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 1946 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 4, 1941 to July 11, 1946and that I last saw h. m. alive on July 2Immediate cause of death Self inflicted gunshot yourself to death.

DURATION

minutes

Due to Marked Depression

15 min.

Due to Chronic Myocarditis

6 yrs.

Other conditions Old Coronary Occlusion

5 yrs.

(Include pregnancy within 6 months of death)

Major findings or operations None

Date of op.

2

Autopsy results None

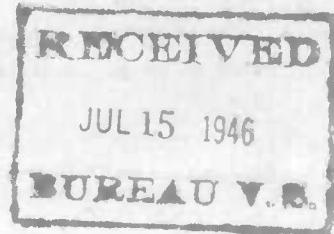
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Self inflicted gun Date of July 11, 1946Where did injury occur? 13 Bethlehem, Caroline (City or town) (County) (State) MarylandInjured at home, farm, industry, public place (where?) HomeMeans of injury Gun shot Injured at work? None

23. SIGNATURE

M. D. or other James B. PlummerAddress P.O. Box 114 Date signed 7/12/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

06854

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....

Caroline
Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

City or town.....
How long in above place of death?..... 9 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

James Thomas Greenlee

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife.....

Wilimina

7. Birth date of deceased (mo. day, yr.)

Dec. 31 1867

6. (c) If alive, give age..... 65 years

8. AGE:

Years Months Days If less than one day
78 6 5 hrs. min.

9. Birthplace.....

Greensboro Caroline Md.

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

William Greenlee

12. Name

Maryland

13. Birthplace

Susan Greenlee

14. Maiden name

Maryland

15. Birthplace

Mrs. Edurance Edwards

16. Informant

Greensboro Rural

Address

Burial

Date thereof..... 7/8/46
(Burial, cremation, or removal? Which?)

Cemetery or crematory

Greensboro

Location

Raymond B. Rawlings

18. Funeral director

Greensboro Md.

Address

July 6 1946 L. M. M. J.

19. Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Caroline

Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 4 1946 at 740 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16 to July 19 46

and that I last saw him alive on July 21 1946

Immediate cause of death Heart Failure

DURATION

Due to Coronary Arteriosclerosis

Due to Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

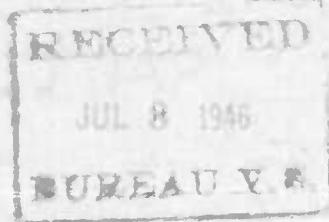
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

66855

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Luedersboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years.

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Joseph W. J. Harris

4. Sex: M

5. Color of race: CW

6. (c) Single, married, widowed, or divorced: married

6. (b) Name of husband or wife: Carrie

7. Birth date of deceased (mo., day, yr.): March 17, 1892

6. (c) If alive, give age: 72 years

8. AGE: Years: 74 Months: 4 Days: 6 If less than one day: . hrs: . min: .

9. Birthplace: Germany

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

12. Name: Joseph W.

13. Birthplace: Germany

14. Maiden name: No record

15. Birthplace: Germany

16. Informant: Mrs. Carrie Harris

Address: Luedersboro Md.

17. Burial: Cemetery or crematory: Green'sboro

Date thereof: July 26, 46
(month) (day) (year)

Location: Green'sboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Green'sboro Md.

19. Date rec'd by registrar: 7/25/46

1946 A Clark & Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD

County: Caroline

City or town: Luedersboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.: _____

(If rural, give LOCATION)

2. (a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH: July 23, 1946, at 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw deceased alive on July 23, 1946.

Immediate cause of death: Cerebral Hemorrhage

Due to: My Lentil Dr.

Due to: Cerebral Hemorrhage

Other conditions: _____

(Include pregnancy within 8 months of death)

Major findings of operations: _____

Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where)? _____

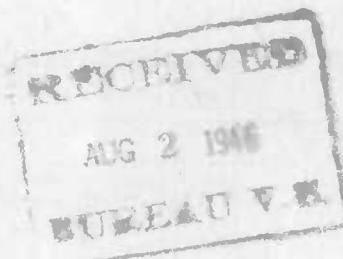
Means of injury: _____

Injured at work? _____

23. SIGNATURES: _____

M. D. or other: _____

Address: 725 Luedersboro Md. Date signed: 7/25/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

06856

62

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

County

City or town

Caroline
near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ada Florence

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Martin J. Fausse

7. Birth date of deceased (mo., day, yr.)

Aug. 2nd 1875

6. (c) If alive, give age

30 years

8. AGE: Years

70

Months

11

Days

9

If less than one day

hrs. min.

9. Birthplace

T. Franklin, Maryland

(Town, County, and state)

10. Usual occupation

at home

11. Industry or business

Charles Isaac

12. Name

MOTHER FATHER

Charles Isaac

13. Birthplace

Maryland

14. Maiden name

Francis Belliss

15. Birthplace

Maryland

16. Informant

Mrs. Martin J. Fausse (husband)

Address

Bd. Denton Md

17. Buried

Date thereof 17-20-46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairwood Cemetery

Location

Fairwood Md

18. Funeral director

J. Siegel Knadel & Son

Address

1 Denton, Md.

19. Date rec'd by registrar

July 20 46

Dr. W. B. Johnson

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Caroline

City or town

Bread Norton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 17th 1946 at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1946 to July 17 1946 and that I last saw him alive on July 6 1946

Immediate cause of death

Myocardial Dystrophy DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

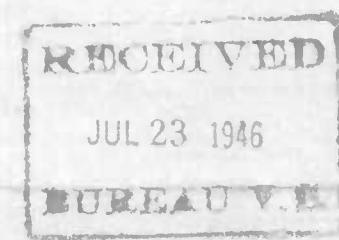
23. SIGNATURE

M. D. or other

Address

H. T. Chaney

Date signed 7/17/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06857

64

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Caroline
 City or town Benton - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrsHospital, institution, or street address where death occurred: Year American Corner

How long in hospital or institution?

3. (a) FULL NAME

Robert H. Holmes

4. Sex

Male.	5. Color or race	6. (a) Single, married, widowed, or divorced
White		Single.

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

..... 6. (c) If alive, give age years
July 26th 1885

8. AGE:

Years	Months	Days	If less than one day
60	11	28	hrs. min.

9. Birthplace

Philadelphia Pa.
(Town, county, and state)

10. Usual occupation

Farm Laborer

11. Industry or business

General Farming12. Name No date

13. Birthplace

.....

14. Maiden name

No date

15. Birthplace

.....

16. Informant

John R. Andrews
 Address Benton Md. R.F.D.

17. Burial

Date thereof July 26 " 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Concord Cemetery
 Location Concord Md.

18. Funeral director

S. J. Frampton's Son
 Address Federalsburg Md.

19. Date rec'd by registrar

July 26 1946 S. J. Frampton
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Benton (If outside city or town limits, write RURAL and give nearest town)
 Street No. near American Corner (If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

true

MEDICAL CERTIFICATION

20. DATE OF DEATH

July - 24 1946 at 8:00 A.M.
 March 4 1942 to July 24 1946

and that I last saw him alive on July 18 1946

Immediate cause of death

chronic myocarditisDue to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

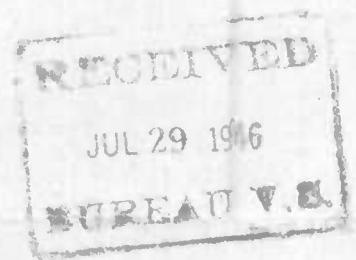
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Morris MD
 M. D. or other Benton Md. Date signed 7/25/46
 Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

Reg. Dist. No. 62
66858

1. PLACE OF DEATH:

County.....

City or town..... Hillsborough and
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about six years

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

3. (a) FULL NAME

Henry McAlain

4. Sex male 5. Color or race a. a. married 6. (a) Single, married, widowed, or divorced

male a. a. married

6. (b) Name of husband or wife Maggie McAlain

Dante Blaue Sandhouse

7. Birth date of deceased (mo., day, yr.) about 1882 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

about 64 hrs. min.

9. Birthplace Huntington Penn. (Town, county, and state)

10. Usual occupation. laborer

11. Industry or business same as above

12. Name Henry McAlain

13. Birthplace Huntington Penn.

14. Maiden name Elizabeth Blethauer

15. Birthplace Huntington Penn.

16. Informant Amanda Brut

Address Redgley md

17. Burial Date thereof July 24-1946
(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Sandtown

Location Hillsborough md

18. Funeral director James T. Stewart

Address Salisbury md

19. 7/25 1946 M. D. or other

(Date rec'd by registrar) 1946 M. D. or other

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State M.D.

County Baltimore md

City or town Hillsborough (If outside city or town limits, write RURAL and give nearest town)

Street No. no

(If rural, give LOCATION) no

2.(a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1946 to July 1946

and that I last saw him alive on July 1946

Immediate cause of death General paralysis

of the mind

DURATION

10 days

Due to:

Due to:

Other conditions Arteriosclerosis chronic

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

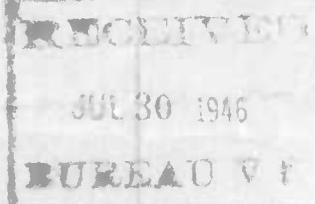
Means of Injury Injured at work?

23. SIGNATURE

M. D. or other

Address 222 Main St. Hillsborough

Date signed 7/22



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

66859
Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 57 years

Hospital, Institution, or street address where death occurred:

Houston Branch Road

How long in hospital or institution?.....

3. (a) FULL NAME

Fannie A. McCotter

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James H. McCotter

6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.)

February 13, 1866

8. AGE:

Years 80

Months 5

Days 18

If less than one day hrs. min.

9. Birthplace

Philadelphia, Pennsylvania

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

George C. White

13. Birthplace

England

14. Maiden name

Hannah Young

15. Birthplace

Philadelphia, Pa.

16. Informant

George G. Butler

Address

Federalsburg, Maryland, U.S.A.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof August 3, 1946
(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Near Federalsburg, Maryland

18. Funeral director

J. J. Trampton and Son

Address

Federalsburg, Maryland

19. August 3, 1946
(Date rec'd by registrar)J. J. Trampton
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Caroline

City or town... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Houston Branch Road

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31, 1946, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that attending physician deceased from

June 1, 1945, to July 31, 1946,

and that I last saw him alive on July 31, 1946.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions Frosty cold, hip

Chronic myocarditis

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

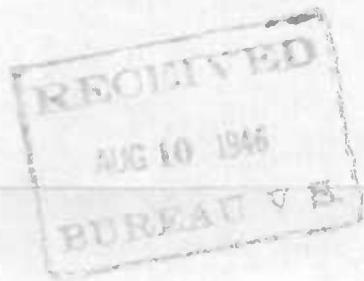
Means of injury

Injured at work?

23. SIGNATURE

J. J. Trampton, M.D., or other

Address Federalsburg, Md. Date signed 8/3/46



PLEASE WRITE PLAINLY, WITH UNTADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20001

06860

64

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

5 minutes

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

West Central Avenue

How long in hospital or institution?.....

3. (a) FULL NAME

Shirley A. Nichols

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

Colored

Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

September 25, 1946

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Seaford Delaware

(Town, county, and state)

10. Usual occupation.....

Salesman

11. Industry or business

MOTHER FATHER

12. Name..... Leroy Nichols

13. Birthplace Sussex County, Delaware

14. Maiden name..... Alice H. Stanley

15. Birthplace Preston, Maryland

16. Informant..... Alice H. Nichols

Address

Federalsburg, Maryland, R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... July 9, 1946

(month) (day) (year)

Cemetery or crematory..... Federal State Cemetery

Location..... Federalsburg, Maryland

18. Funeral director..... J.J. Frampton & Son

Address

Federalsburg, Maryland

19. July 9, 1946.....

(Date read by registrar)

J. J. Frampton.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Senter Road

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 6, 1946, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive oo..... 19.....

Immediate cause of death.....

Dead when seen by

physician

Congenital debility

Due to.....

Anesthesia -

DURATION

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Walter B. Johnson -
acting Med. Examiner
Federalsburg

M. D. or other

Date signed. July 9, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

06861

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County..... Caroline

City or town..... Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.... 16 yrs.

Hospital, Institution, or street address where death occurred:

R.F.D.

How long in hospital or institution?.... none

3. (a) FULL NAME

HILDA M. SEIPP

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

female white married

B. (b) Name of husband or wife..... Charles C. Seipp

6. (c) If alive, give age. 55 years

7. Birth date of deceased (mo., day, yr.) February 23, 1898

8. AGE: Years Months Days If less than one day
48 5 6 hrs. min.9. Birthplace..... Preston, Md.
(Town, county, and state)

10. Usual occupation..... housewife

11. Industry or business.....

12. Name..... August C. Marquardt

13. Birthplace..... Germany

14. Maiden name..... Amelia L. Schroeder

15. Birthplace..... Germany

16. Informant..... Chas. C. Seipp

Address..... Federalsburg, Md.

17. Burial..... Date thereof..... august 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Linchester Cemetery

Location..... Preston, Md.

18. Funeral director..... J. Harvey Williamson

Address..... Federalsburg, Md.

19. August 6, 1946 C. D. Plummer
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County..... Caroline

City or town..... Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war..... no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 31, 1946, at 7:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 10, 1940, to July 31, 1946,

and that I last saw her alive on July 21, 1946.

Immediate cause of death..... cardiac failure due to constrictive action of

Due to..... generalized carcinomatosis particularly in the left pleural cavity.

Due to..... scirrhous carcinoma of left breast with metastasis

5 yrs.

Other conditions..... diabetes melitus

2 yrs.

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

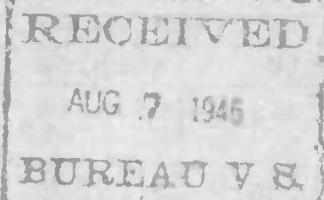
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

M. D. or other.....
PO Box 94, Preston, Md. Date signed..... 8/6/46
Address.....



VS A15 1-45-15
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on
Film No. 106 - 7/24/46

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 16862 b2

1. PLACE OF DEATH:

County

City or town

Caroline

Denton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Henry Alexander

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Married

6. (b) Name of husband or wife

Mary C. Coats

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo. day, yr.)

Sept. 28th 1867

8. AGE: Years Months Days If less than one day

78 - 79 - 9 10 hrs. min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Same as Shoemaker

12. Name

Benj. A. Shoemaker

13. Birthplace

Virginia

14. Maiden name

Sally Elliott

15. Birthplace

Virginia

16. Informant

Paul T. Shoemaker

Address

Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?)

Date thereof July 9, 1946

(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Maryland

18. Funeral director

Paul Shoemaker

Address

Denton, Maryland

19. July 9 1946

(Date rec'd by registrar)

Dr. W. B. Johnson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

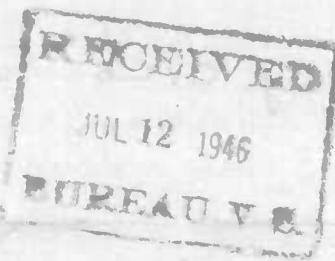
State

City or town

Street No.

56862 b2

16862 b2



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

068662

Reg. Dist. No. 3

1. PLACE OF DEATH:

County

Caroline

City or town

Dear Halls Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 yrs.

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Thomas C. Smith

7. Birth date of deceased (mo., day, yr.)

January 3, 1875

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace

Burrsdale, Caroline, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Charles Porter

12. Name

Maryland

13. Birthplace

Margret Garrett

14. Maiden name

Maryland

15. Birthplace

Denton, Maryland

16. Informant

Leona C. Smith

Address

Halls, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 24 July 1946

(month) (day) (year)

Cemetery or crematory

Denton, Maryland

Location

Denton, Maryland

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Maryland

Dr. W. B. Johnson

Registrar

VS A15

19. 7-24-46 19.....

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Dear Halls (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 21

1946, et 5 pm M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 26 1937 to July 21 1946

and that I last saw her alive on July 21 1946

Immediate cause of death

cerebral Hemorrhage

DURATION

33 days

Due to

Myocardium

10 years

Due to

Rheumatic Endocarditis

1926

mitral stenosis and regurgitation

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Knotts M.D.

Address Denton Md Date signed 7/24/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

06864

CERTIFICATE OF DEATH

Reg. Dlat. No. 66

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

hrs. min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial, cremation, or removal? Which?

Date thereof. (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar).....

(Date rec'd by registrar).....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19, 1946, to July 24, 1946,

and that I last saw him alive on July 19, 1946.

Immediate cause of death.....

Myocardial Dystrophy

Due to..... Chronic Myocarditis

Due to..... Generalized arteriosclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

(Date signed).....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

66865

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

Howard Hospital

How long in hospital or institution?.....

Two days

3. (a) FULL NAME

Bertha Stubbs

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife.....

Marion Stubbs

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age.....

57 years

Feb 10 1890

8. AGE:

Years

Months

Days

If less than one day

56

++

28

hrs. min.

9. Birthplace.....

(Town, county, and state)

Goldsboro Maryland

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER

12. Name.....

Welleigh H. Camper

13. Birthplace

Delaware

14. Maiden name.....

Bebecca Huston

15. Birthplace

Maryland

18. Informant.....

Marion Stubbs

Address

Goldsboro Md.

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Buried Date thereof..... 7/10/46

(month) (day) (year)

Location.....

Greensboro Maryland

18. Funeral director.....

Raymond B. Rayburns

Address

Greensboro Maryland

19. (Date rec'd by registrar)

July 10 1946 L. M. Mulligan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7 1946 a.m.

July 7 1946, to July 7 1946

and that I last saw her alive on

Immediate cause of death.....

Pneumonia C.V. disease

DURATION

6 yrs. 01

Due to.....

Due to.....

Other condition.....

Streptococcosis

7/1

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

Bertha H. Stubbs

M. D. (or other)

Greensboro Md. Date signed 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

06866

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: Caroline
 County
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 - years
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

3. (a) FULL NAME Edward Tyschoppe

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary E. E.

7. Birth date of deceased (mo., day, yr.) June 17 - 1865 6. (c) If alive, give age 70 - years

8. AGE: Years 81 Months 1 Days 9 If less than one day
hrs. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Farm

11. Industry or business Veterinary

12. Name Veterinary

13. Birthplace Veterinary

14. Maiden name Veterinary

15. Birthplace Veterinary

16. Informant Walter Richard Tyschoppe

Address Livingston Rd

17. Burial Burial Date thereof July 29/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. 7/27 1946 a Black Smith
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 - 1946 at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 to 1946 and that I last saw him alive on July 25, 1946.Immediate cause of death Cerebral Hemorrhage DURATION 4Due to Arterial SclerosisDue to arteriosclerosisOther conditions Ex Gastritis

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

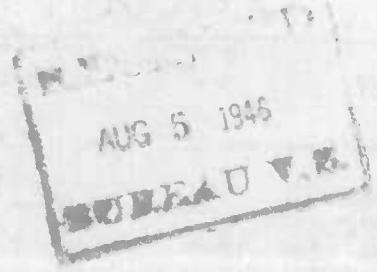
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. G. Silver M. D. or other Goldfarb MDAddress Date signed 7/27



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

06867

Reg. Dist. No. 3

1. PLACE OF DEATH:

County.....

City or town.....

Caroline

near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F Col widowed

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 30, 1864

(8.c) If alive, give age years

8. AGE: Years Months Days Less than one day

82 10 9 hrs. min.

9. Birthplace

Near Denton, Caroline, Md.

(Town, county, and state).

10. Usual occupation

11. Industry or business

12. Name

Warner Bell

13. Birthplace

Maryland

14. Maiden name

Mary Lewis

15. Birthplace

Maryland

16. Informant

Sarah Ann Wayman

Address

Queen Anne's, Md.

17. Burial

Date thereof 22 July 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Sandtown

Location

Hillsboro, Md.

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Md.

19. 7-24-46 15.....

(Date rec'd by registrar)

Dr. W. B. Johnson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County.....

City or town.....

Near Denton (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19 1946 at 8 p.m.

June 15 1946 to July 19 1946

and that I last saw her alive on July 15 1946

Immediate cause of death

Cerebral arteriosclerosis 2 years

Due to

Due to

Other conditions General arteriosclerosis 10 years

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Paul Throth M.D. M. D. or other

Address Denton Md. Date signed 7/23/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

06868

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

County.....

Caroline
Denton

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna Price Wilson

4. Sex

7

5. Color or race

whit

B.(a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

George Herbert Wilson

7. Birth date of deceased (mo., day, yr.)

Dec. 29, 1879

(c) If alive, give age years

8. AGE:

Years 66 Months 6 Days 8 If less than one day hrs. min.

9. Birthplace

Dentor, Caroline, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

William Price

12. Name

William Price

13. Birthplace

Dentor

14. Maiden name

Elijah Andrew

15. Birthplace

Dentor

16. Informant

Julia Wilson

Address

Denton, Md.

17. Burial

(Burial, cremation, or removal Which?) Date thereof July 10, 1946

(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Maryland

18. Funeral director

J. W. Johnson & Son

Address

Denton, Maryland

19. July 9

1946

Dr. W. B. Johnson

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County..... Caroline

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 7, 1946 at 9 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15, 1944, to July 7, 1946,

and that I last saw h. m. alive on July 6, 1946.

Immediate cause of death

Carcinoma uterus

DURATION

a year+

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Paul H. Morris M.D.

M. D. or other

Address Date signed

